

Interviewer: \_\_\_\_\_  
(Printed Name)

Visit#: \_\_\_\_\_

**BRIEF PSYCHIATRIC RATING SCALE**

| NA           | 1           | 2         | 3    | 4        | 5                 | 6      | 7                |
|--------------|-------------|-----------|------|----------|-------------------|--------|------------------|
| Not assessed | Not present | Very mild | Mild | Moderate | Moderately severe | Severe | Extremely severe |

Rate items on the basis of patient's self-report during interview. Item 2 is also rated on observed behavior during interview. Item 4 is rated on the basis of observed behavior and speech.

**BRIEF POSITIVE SYMPTOMS (PSRS)**

|    |                            |    |   |   |   |   |   |   |   |            |
|----|----------------------------|----|---|---|---|---|---|---|---|------------|
| 1. | Suspiciousness             | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |            |
| 2. | Unusual thought content    | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |            |
| 3. | Hallucinations             | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |            |
| 4. | Conceptual disorganization | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Score_____ |

**BRIEF NEGATIVE SYMPTOMS (BNSA)**

|    |   |  |   |   |   |   |   |   |            |
|----|---|--|---|---|---|---|---|---|------------|
| 1. | Prolonged time to respond   |  | 1 | 2 | 3 | 4 | 5 | 6 |            |
| 2. | Emotion: unchanging facial expressions;<br>Blank, expressionless face |  | 1 | 2 | 3 | 4 | 5 | 6 |            |
| 3. | Reduced social drive  |  | 1 | 2 | 3 | 4 | 5 | 6 |            |
| 4. | Grooming and hygiene  |  | 1 | 2 | 3 | 4 | 5 | 6 | Score_____ |

Sources of information (check all applicable):

\_\_\_\_\_ Patient  
\_\_\_\_\_ Parents/Relatives  
\_\_\_\_\_ Mental Health Professionals  
\_\_\_\_\_ Chart

Explain here if validity of assessment is questionable:

\_\_\_\_\_ Symptom possibly drug-induced  
\_\_\_\_\_ Under-reported due to lack of rapport  
\_\_\_\_\_ Under-reported due to negative symptoms  
\_\_\_\_\_ Patient uncooperative  
\_\_\_\_\_ Difficult to assess due to formal thought disorder

Confidence in assessment:

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ 1 = Not at all; 5 = Very confident

Administration as per Care Coordinator Check List.

GLOBAL AIMS: ☐ 0 = None ☐ 1 = Minimal, may be extreme normal ☐ 2 = Mild ☐ 3 = Moderate ☐ 4 = Severe

Completed by: \_\_\_\_\_  
Signature Title Date Time Spent

County of San Diego  
Health and Human Services Agency  
Mental Health Services

**CLINICIAN SYMPTOM RATING**

HHSA:MHS-918 (07/2004)

**Client#:** \_\_\_\_\_

**MR/Client #:** \_\_\_\_\_

**Program:** \_\_\_\_\_